

Base Medical Data

Name: _____ Nickname: _____ Age: _____ Date: _____

Thank you for choosing our office for your consultation! Please check or fill in the following information so I may better help you.

Sex: M F; Height: _____, Weight: _____ . Reason for Visit: _____

Your job description:

List ALL your physicians:

Circle, list and explain all that apply:

Social Support: Single, Divorced, Separated, Widowed, Married: live with friend, other:

My ethnic background includes: Caucasian, N. European, Irish, Mediterranean, Middle Eastern, African-AA, Hispanic, Am-Indian, West-Indies, East-Indian, Asian
Other: Jehovah's Witness

Allergies: None Penicillin Sulfa IV Iodine Latex/Fruit **Other/ Reaction:**

Tobacco / Nicotine (any form: gum, chew, vape, patch...): Never. Yes, I now smoke _____ packs / day. I stopped smoking _____ years ago. **2nd hand?** Y N

FAMILY or PERSONAL History: Malignant Hyperthermia, Other:

YOUR Personal Medical History: Circle and / or explain ALL that apply: **NONE**

Accutane **N Y**: when _____
AIDS / HIV **N Y**
Flu / Ebola exposure past 21 days **N Y**
Malignant Hyperthermia **N Y**

Anemia (Low blood)
Autoimmune Disease: RA, Scleroderma
Lupus
Asthma / COPD
Bleeding or Clotting Disorders
Hypertension (High Blood Pressure)
Low Blood Pressure **BP:** /

Low Blood Sugar
Diabetes mellitus
GERD / Reflux / Hiatal Hernia
Motion Sickness / Glaucoma
Heart Disease / Heart Failure
Heart Attack / Stroke / bypass / stent
Peripheral Vascular (arterial) Dis
Heart Valve / MVP problems
Hepatitis, Liver Disease
Kidney Failure
Osteo/degenerative Arthritis
Seizure

Skin Cancer
Sun Response: tan, no response, burn
Thyroid Disease
Venous Disease: clots, phlebitis, DVT PE
Behavior Issues: anxiety, depression,
Body dysmorphic synd, dementia,
Gender change, suicidal syndrome
Implant(s) / Prostheses: breast, joints
Body Piercing(s): tongue, nipples, labia
Infections: Yeast, Viral cold sores
Bacterial, MRSA
Snoring, sleep apnea, B/C-PAP

Skin-Cold vasoconstriction syndromes: Sickle Cell, Raynauds Synd, AutoImm Dis.

Stem Cell therapy
Other:

Review of Systems:

Pregnancies _____, **# Births** _____, **# Miscarriages** _____, **# Abortions** _____

Anesthesia Concerns: **None**, Malignant Hyperthermia or List:

Recreational Drugs: **N Y**: (circle): cocaine, crack, meth, heroin, narcotic, marijuana (any form: medical, CBD) synthetic cannabinoids (K2, Spice), other:

Alcohol: **NONE**, wine, beer, liquor: _____ ounces / week.

Chronic RX Narcotics / Sedatives use: **NONE** eg: codeine, codones, oxycontin, suboxone, methadone, valium, Xanax, Ativan, other:

Are you planning or involved in a law suit regarding any areas of medical concern? **N, Y (if yes, explain):**

List ALL prior SURGERY, COSMETIC PROCEDURES and INJURIES: **NONE**

tonsil & adenoids, tubal ligation, appendectomy, lap/open gall bladder, caesarean section, D&C, CABG, stent, Gastric Bypass / Lap Band, neck / back surgery, other:

List ALL MEDICATIONS: **NONE**

Hormones: HRT, Estrogen, Testosterone Birth Control:

Acne: Spironolactone

Coagulant: Tamoxifen

Erectile Drugs: Viagra, Cialis, Levitra

Cholesterol:

Blood Pressure:

Anti-Coagulants: Coumadin Plavix

Auto-Immune: Humira, Remicade, Rituxan, Herceptin, other:

Heart Meds: Nitroglycerine:

Herbals, Teas or Supplements? Circle or List: **NONE**

Inhibits: MAOI & SSRI: **St. Johns Wort** (incr photosensitivity & induces cytoP450 which decr Rx activity!); Yohimbe; Licorice root; GABA & Serotonin stimulation = Sedation: 5 Hydroxy Tryptophan; **Valerian**; **Kava** (hepatic dysfunction); Melatonin

Anti-coagulants: Arnica; Bromelain; Black Mushrooms; Clove oil; **Ginkgo biloba**; **Ginseng** (hypoglycemia); Ginger; **Garlic** (decr BP); Bilberry; Dong Quai; Feverfew;

Vitamin E; Honeysuckle; Wintergreen; **Aspirin**; **Ibuprofen**; **Naprosyn**; **Chondroitin/Glucosamine**; **Saw Palmetto**; **Fish Oil / Essential Fatty Acids**; **Co-Q-10**;

Other NSAIDS:

Stimulants: **Phentermine**; Ma Huang; MetaboLife; MetaBoost; **Ephedra** (halothane potentiates CV effects); Other Weightloss Supplements:

Liver Dysfunction / Immunosuppression / inhibits cytoP450 which potentiates Rx: **Echinacea**; **Goldenseal**; Milk Thistle;

Flap Vasoconstrictor: marijuana, cocaine/crack, meth, migraine Rx, erectile Rx,

Other: Aloe (dermatitis, low K)

Multi-Vitamin, Other OTC's:

Any incorrect or missing information may adversely affect my care and my results.

I hereby confirm that all the information provided is complete and accurate to the best of my knowledge.

Base Med Data 080118

☐ **I hereby confirm that there has been "NO CHANGE" in my medical condition since last documented in this record.**

Signed:

Date: